

this is of paramount importance." Mr. William H. Baldwin, Washington, in a paper, at the same meeting, said: "1. Climate is not an essential, nor even the most important feature" in the treatment of tuberculosis. 2. "Necessities are fresh air, rest, nourishing food and regular habits."

The statements of Dr. Pettit and Mr. Baldwin are very frequently made. One statement made by each man is contradictory to his own statement just preceding, both making the statement that climate is unessential, and following it by immediately making open-air treatment one of the greatest essentials. Now, if open air is one of the greatest essentials, as emphasized by both of these men, and also by Dr. Osler, why does it not necessarily follow that the preferable climate is that in which the patient can get the most of this open air? If open air and sunshine are essentials, why is it not better that the patient be where he may have from 82 to 84 per cent. of possible sunshine, as is stated by the government report to occur at Phoenix and Tucson, Arizona, and El Paso, Texas, and at other points in the arid Southwest, instead of being in Chicago, with a possible sunshine of 53.6 per cent., or in New York, with a possible sunshine of 59 per cent.; also why should not the patient be where there are only 37 cloudy days out of 365, as given by the government reports at the above-named points in Arizona and Texas instead of in Chicago, with 107, or New York, with 118, or St. Louis, with 117 cloudy days in the year?

Also, if being out of doors in the open air is an essential, is it not probable that the patient will be in the open air more in a climate where there is only an average mean rainfall of 7 inches a year, as at any of the above-named places in Arizona and Texas, than in Chicago, with an average mean rainfall of 30 inches, or in New York, with 42, or in Indianapolis, with 40 inches per year? Is it not probable that the patient will be in the open air more in a vicinity where there is never any snow, or only a trace, than he will be in Chicago, with an average yearly snowfall of 35 inches, or New York, with 26 inches, or Kansas City, with 31 inches?

I am glad to see emphasis laid on the point that an early diagnosis should be made; that diet and proper care are essentials in the treatment of tuberculosis; and, leaving out all arguments as to the questions of altitude, humidity, and electrical phenomena, I wish to emphasize that the location for a tuberculous patient is preferably where he may have the benefit of open air and sunshine the maximum number of hours out of the twenty-four, without exposing himself to unnecessary discomforts and inclement weather.

When this question is given some thought along these lines, I think the statement will not so frequently be made that there is nothing in climate in the treatment of tuberculosis, as my interpretation of a good climate is simply one where the patient can be out of doors most.

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#### Cesarean Section for Placenta Prævia.

OMAHA, NEB., May 30, 1905.

*To the Editor:*—In Dr. Holmes' article on section for placenta prævia in *THE JOURNAL*, May 20, appears this assertion concerning the Catholic Church's doctrine anent extrauterine pregnancy: "The profession may not know it, but the church prohibits operation for extrauterine pregnancy; this prohibition would not be countenanced by physicians."

I do not suppose for a moment that the writer intends the latter part of this assertion for Catholic physicians who look on that church as their teacher and guide in questions of faith and morals; and as there is a moral principle involved in this, as well as in kindred operations, they must, if true to their religious belief, follow the wise decisions of the church.

But apart from this, and not in a spirit of controversy, let me ask is not Dr. Holmes' statement, "The church prohibits operation for extrauterine pregnancy," somewhat misleading, put forth, as it is, in such general terms? Is it altogether true? The words of the church in deciding the case will answer the question so plainly that he who runs may read.

The court's decision, given on the fourth of May, 1898, is as

follows: "In a case of necessity, laparotomy and Cesarean section are allowable in extrauterine pregnancy, or in ectopic conception, on condition that, as much as can be, the lives of the fetus and of the mother are carefully considered and protected."

In face of this pronouncement, the alleged statement of Dr. Holmes is not correct. The church does prohibit every kind of operation before the period of viability, otherwise the life of the fetus would not be carefully protected, a life that in the eyes of the church is as valuable and sacred as that of the mother. So, too, is the induction of premature labor either in intrauterine or extrauterine pregnancy regarded by the church as not only lawful but meritorious on the part of the physician when the child is viable; and this, too, whether the necessity arises from contraction of the pelvis, from tumors contracting its cavity, from abnormal size of the child, from death of the fetus, from diseases of the mother dependent on pregnancy or aggravated by it, and threatening the mother's life.

This is the doctrine of the Catholic Church. She condemns any action or operation that has for its object or aims at the destruction of the fetus for the safety of the mother. She holds that the infant within the womb has an inalienable right to life as much as the infant on its mother's lap, as much as the mother herself, and, therefore, in her teaching regarding operations, does she forbid strongly any and all that tend directly to destroy the life of the fetus.

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#### A Section on Tropical Diseases.

PHILADELPHIA, June 1, 1905.

*To the Editor:*—The Section on Tropical Diseases of the British Medical Association, organized a few years ago through the efforts of Dr. Sandwith of Cairo, has proved a noteworthy success. The meetings have been largely attended and the discussions have excited wide interest among the members of the association who represent the medicine of Great Britain in the tropical outposts and those at home. The subjects selected for the successive meetings have been of very general interest. This year they are as follows: For the first day, "Tick Fever"; second, "Sprue and Hill Diarrhea"; for the third, "Tropical Diseases of the Skin."

While our national interests in the tropics are of comparatively recent date and much less extended than those of Great Britain, they are sufficiently important to make it in the highest degree desirable that a section on tropical diseases should be organized in connection with the American Medical Association, and this I earnestly hope will be done at the coming session. This suggestion is based chiefly on the obvious necessity for a common ground in which matters relating to tropical medicine may be discussed at the sessions.

The subjects directly related to tropical medicine fall chiefly under the heads of pathology and bacteriology, practice of medicine, cutaneous medicine and public and personal hygiene. Yet papers on these subjects from the standpoint of practitioners having experience in the tropics, on the one hand, and of those looking forward to medical work in tropical climates, on the other hand, if read in existing sections would occupy time which a majority of those present could utilize in more congenial work, while if read in a special section they could not fail to attract a body of interested men which would become larger from year to year, as the scope and purpose of such a section become more evident.

Courses on tropical diseases, which have been delivered in the Jefferson Medical College, first by Captain Kiefer and later by Major McCall, have been highly successful. Attendance has been voluntary and there were no examinations, but the interest manifested by the students was remarkable and many practitioners availed themselves of the opportunity of being present.

It is to be hoped that this matter will be thoroughly considered by the House of Delegates.

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